

Affidavit of Certified Service in A Private School

To be executed by an official in the private school in which service was rendered
(Please use black ink to complete)

Name of Member _____ SSN _____

Address _____

Arkansas law permits the purchase of up to a limit of ten (10) years of private school service provided no benefits could be paid by another plan similar in purpose to this system, except social security. Please certify the above member's service as indicated on your records.

Year	School Name	County	State	Position Held	Total Days Worked
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby certify that the above-named person (is/is not)* receiving benefits and (is/is not)* eligible for future benefits based on the above service. **Cross out inapplicable words*

Name _____

Date _____ Title _____

Signature _____

Address _____

Telephone Number (_____) _____